

## **Effective Personal and Organisational Coping Strategies Used by Oncology Nurses in Tertiary Care Institutions: A Systematic Review**

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### **Abstract**

**Background:** *Nursing practitioners encounter numerous stressors at the workplace. They include emotional issues, workload, time pressures, human pain and multiple roles. Oncology nurses working in tertiary health care face even more challenges dealing with terminally ill patients death which may result by burnout and stress which can be the cause of physical and mental health problems among the nurses and effect the quality of patient care.*

**Aim:** *The objective of the review is to use qualitative studies to systematically identify, select, explore, appraise and analyse the best available evidence on effective personal and organisational coping strategies used by oncology nurses working in tertiary care hospitals.*

**Methods:** *The design of this study is a qualitative systematic review. Various databases were searched to identify and select relevant scholarly works to include in the review. Following a thorough search process, the researcher identified and selected ten studies that were pertinent to the topic. The studies were appraised, described and analysed thematically.*

**Results:** *The themes identified were personal rituals, socialising, setting physical boundaries, gratitude and empathy, spirituality and religiosity, self-reinforcement, healthy work-life balance, grief-follow up and career support. The themes were broadly classified into personal and organisational coping strategies.*

**Conclusion:** *It is necessary for nurses to adopt effective coping strategies such as personal rituals, socialising, physical boundaries, spirituality and religiosity and empathy and gratitude to handle stressful situations. Organisations should provide more strategies for their staff to deal with tough situations at work and decrees the oncology nurse's turnover and improve the patient quality of care.*

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### **I. Introduction**

The demand for oncology services globally is expected to rise rapidly, driven by the international increase in cancer treatment and cancer care, and as the worldwide population ages and grows, and the cancer survival rates rise. According to Erikson et al. (2007), oncology professionals themselves are aging and are retiring in increasing numbers. This leaves a skills gap and other challenges that include newly qualified nurses who have insufficient training in cancer nursing, advances in technology, new models of delivering care, issues regarding collaborative practices, and changes in reimbursement (Fleming, 2014; Lockhart et al., 2013; Scott & Miles, 2013).

The high turnover in nursing staff exacerbates the problem of the shortage of nursing professionals in Saudi Arabia – a problem made more complex by the worldwide shortage of nurses and increasing demand for trained healthcare staff (Abu-Zinadah, 2004; WHO, 2006). Data from the Ministry of Health (MOH) and the WHO show that hospitals and healthcare facilities in Saudi Arabia employ a large percentage of expatriate nurses (MOH, 2008; WHO, 2006). Of the total number of nurses in all sectors of healthcare (101,298), only 29.1% are Saudi nationals (MOH, 2008). In the private healthcare sector, the contrast is even starker, with only 4.1% of nurses drawn from KSA.

Nursing is a stressful profession, but nursing burnout is a step beyond this, caused by prolonged stress. It has been identified as a contributory factor to the nursing shortages and high turnover of staff in tertiary care hospitals in Saudi Arabia as well as internationally. Oncology nurses are at particular risk of burnout, as they care for patients with life-threatening or terminal illnesses. They need much greater resilience than many other specialties of nursing in order to cope with the stresses of their working environment. Naturally, oncology nursing teams are dependent on the health of their team members; burnout among team members can reduce the effectiveness of these teams. Cancer care thus provides a significant challenge to oncology nurses, in both

personal and professional terms. This review will appraise and synthesise research evidence that focuses on the most effective coping strategy that oncology nurses used to overcome the daily emotional challenge during their work. Aiming to provide a solution to one of the problems contribute to nurse's shortage and retention.

## II. Material And Methods

The review aimed to use qualitative studies to systematically identify, select, explore, appraise and analyse the best available evidence on effective personal and organisational coping strategies used by oncology nurses working in tertiary care hospitals.

**Study Design:**systematic review.

**Study Duration:**The inclusion criteria were studies published in the English language (due to the reviewer limited expertise of interpretation of other languages) and published between 1998 and 2016.Oncology nurses (adult/pads)- (in patient/outpatient)Aim to assess the coping skills used by oncology nurses ,Full articles only.

**Study Location:**The studies included in the review were conducted in many countries.

**Sample size:** The 10 studies include in this review were analysed using the CASP tools to evaluate their relevance

**Sample size calculation:**Qualitative thematic analysis was used to analyse the articles selected for inclusion in this study.

**Subjects & selection method:**The studies included in this review had different designs, purposes and therefore, the key developing themes from findings were: personal rituals, socialising, setting physical boundaries, gratitude and empathy, spirituality and religiosity, self-reinforcement, healthy work-life balance, grief-follow up and career support. The themes were broadly classified into personal and organisational coping strategies.

### Inclusion criteria:

1. English language
2. Published between 1998 and 2016
3. Oncology nurses (adult/pads)- (in patient/outpatient)
4. Aim to assess the coping skills used by oncology nurses
5. Full articles only

### Exclusion criteria:

1. Other languages
2. Published prior to 1998
3. Other nurse's speciality and health care worker
4. Causes of stress or burnout.
5. Different aims
6. Abstracts.

### Procedure methodology:

The research question statement of this systematic review is: What are the effective coping strategies and skills that oncology nurses in tertiary care hospitals use?

## III. Review objective

The objective of the review is to use qualitative studies to systematically identify, select, explore, appraise and analyse the best available evidence on effective personal and organisational coping strategies used by oncology nurses working in tertiary care hospitals.

After The output of the search process was thirty-eight studies without duplicates. Twenty were excluded after the initial screening and eighteen full-text articles assessed for eligibility. Eight articles were excluded with reasons including inappropriate setting and participants and the remainder (10) were subjected to a critical appraisal using CASP tools to evaluate their relevance. The following is a description including the titles, author and year of publication and study design of the studies and study location included in the review.

Author/year	Country of Study	Study Focus	Type of Study	Language
Ekedahl&Wengstrom, (2010).	Sweden	To investigate registered nurses' coping process when working with terminally ill and dying cancer patients	Qualitative-Life story approach	English
Ekedahl&Wengstrom, (2006).	Sweden	To investigate the coping processes of registered nurses working with terminally ill and dying cancer patients	Qualitative-Life story approach	English

Raingruber& Wolf, (2014).	USA	To assess what is unique about oncology nursing and to identify what motivates oncology nurses to continue working in this speciality and to determine what sustains them in daily practice.	Phenomenology	English
Olson, et al., (1998).	USA	To identify ways that experienced paediatric oncology nurses find meaning in the role.	Not clear	English
Zheng, et al., (2014).	China	To explore view of nurses who take care of terminally ill patients	Qualitative descriptive study	English
Zander, et al., (2011).	Australia	To explore and understand the concept of resilience as experienced by paediatric oncology nurses	Case Study	English
Ablett& Jones., (2007).	England	To describe nurses' experience and aspects of their interpersonal style that facilitated resilience and a sense of well-being.	Qualitative Interpretative phenomenological analysis	English
Blomber&Blom, (2005).	Sweden	To describe how care members caring for patients with advanced cancer describe how they handle difficult situations in daily care.	Focus Groups	English
Uren & Graham, (2013).	South Africa	To explore how coping strategies act as a central resource for trained caregivers and professional nurses in a palliative care setting	Qualitative Interpretative phenomenological analysis	English
Wengstrom&Ekedahl, (2006).	Sweden	Nurses' stress and secular and religious coping strategies.	Narrative Life-story Approach	English

### Methodological Quality of the Studies

All of the studies selected and included in the current review were of adequate quality according to the CASP tool, except one. The researchers of the studies included in the review used different sampling strategies to recruit participants for their respective studies, the total number of participants recruited in the respective studies was 210. They varied in age, gender, years of experience and other variables.

### IV. Findings

The studies included in this review had different designs, purposes and therefore, the key developing themes from findings were: personal rituals, socialising, setting physical boundaries, gratitude and empathy, spirituality and religiosity, self-reinforcement, healthy work-life balance, grief-follow up and career support. The themes were broadly classified into personal and organisational coping strategies. The table below is showing the finding from each study reviewed, the middle column shows the codes identified.

Study	Codes	Themes and Sub-themes
Ablett& Jones, 2007	Offloading to colleagues, use of humour, a healthy work-life balance, and good social networks.	<b>Personal Coping Strategies:</b> -Socialising (humour, family and friends support). <b>Organisational Coping Strategies:</b> healthy work-balance
Olson, Hinds, Eull, et al., 1998	Peak experiences: getting a positive feeling, finding one's niche, changing expectations about dying, experiencing spiritual renewal, empathy for parents, and renewed sense of confidence.	<b>Personal Coping Strategies:</b> -Spirituality, -self-reinforcement (positive feeling, changing expectations about dying) -Socialising (friends' and family support) <b>Organisational Coping Strategies:</b> Career support (finding one's niche, helping to renew one's confidence)
Raingruber, 2015.	Spirituality and grace, importance of vulnerability and thankfulness, value of being in the moment and recognising priorities.	<b>Personal Coping Strategies:</b> Spirituality, Gratitude (being in the moment, recognising priorities) <b>Organisational Coping Strategies:</b>
Ekedahl, Wengstrom, 2006	Boundary demarcation, support of colleagues, venting emotions, humour, grief follow-up, collaboration, video-making, daily routines, focusing on the here and now, giving help to others, seek reasons for rejoicing.	<b>Personal Coping Strategies:</b> -physical boundaries -gratitude (being here and now) -Empathy (helping others) -Socialising (humour, venting emotions, support of colleagues) -Personal rituals <b>Organisational Coping Strategies:</b> Grief follow-up
Davis, Lind, Sorensen, 2013	Co-worker support, education, exercise, family support, spirituality and religious beliefs	<b>Personal Coping Strategies:</b> Socialising (co-worker support, family support) Spirituality Personal rituals (exercise)

		<b>Organisational Coping Strategies:</b> Education
Ekedahl, Wengstrom, 2010	Spirituality and religiosity	<b>Personal Coping Strategies:</b> Spirituality and religion
Wengstrom&Ekedahl, 2006	support from colleagues	<b>Personal Coping Strategies:</b> Socialising (support from colleagues)
Maytum, Heiman&Garwick, 2004	self-care activities, non-work relationships, sense of humour, positive thinking and attitude, personal philosophy of nursing care, supportive relationships, time away from work, engage in self-assertive behaviours, debriefing, professional conferences, conceptual framework of personal nursing practice, personal boundaries, rituals for dealing with loss, further education.	<b>Personal Coping Strategies:</b> -Personal rituals (self-care activities) -Socialising (non-work relationships, sense of humour, time away from work, supportive relationships) -Physical boundaries -Self-reinforcement (positive thinking and attitude, personal philosophy of nursing care)  <b>Organisational Coping Strategies:</b> Education
Blomberg, Sahlberg-Blom, 2005	Closeness and distance with patients.	<b>Personal Coping Strategies:</b> short term and long term Physical boundaries Is study is covering also the work coping strategy short term and long term please include it in the review.
Zamder, Hutton, King, 2011	Looking after oneself, personal rituals, emotional management, talking and problem solving, indulgences, support from family and organisation, insight, reflection, personal and professional experience.	<b>Personal Coping Strategies:</b> -Personal rituals (looking after oneself, emotional management, talking, problem solving, indulgences) -Socialising (support from family and friends) -Self-reinforcement (reflection, insight)  <b>Organisational Coping Strategies:</b> Support from organisation
Zheng, Guo, Dong & Owens, 2015	Self-reflection, developing personal philosophy on death and life	<b>Personal Coping Strategies:</b> Self-reinforcement (self-reflection, developing personal philosophy on death and life)
Maude, Paige, Lesa, Juan & Ileana, 1997 (not a very good study in terms of results)	developing relationships of varying intensity	<b>Personal Coping Strategies:</b> Personal boundaries <b>Organizational Coping Strategies:</b>

### V. Summary and Level of Evidence

The current review reported several personal and organisational coping strategies that oncology nurses use to deal with the emotional burden that their work regularly presents. Spirituality and religiosity, use of personal rituals, support systems and setting up of boundaries are useful and an effective coping strategy that nurses in the oncology unit can apply. The four themes were the most cited in almost all of the studies reviewed. Additionally, they are supported in most of the literature, especially systematic reviews related to the topic of coping mechanisms among carers of people with chronic conditions such as terminal cancer.

The themes of gratitude and empathy and self-reinforcement were also widely applied. However, widespread support in the literature was lacking. This is probably because they involve individual values that all nurses may not share. In addition, those who used self-reinforcement as a coping mechanism relied on reflection, insight, positive thinking and optimism borne out of years of experience to encourage themselves to continue working and taking care of their patients despite the high emotional burden. For these nurses, re-assurance that they were doing a good job and the reminder that their work made a difference were necessary. Due to these reasons, they may not be widely applied by many nurses. Therefore, the evidence for the use of self-reinforcement, gratitude and empathy as coping mechanisms is limited.

Organisational strategies identified in the review were only two, grief follow-up and a healthy work-life balance. In other systematic reviews, authors identified additional coping mechanisms that organisations provide. They include education, debriefing and supporting the nurses in their careers. The evidence for organisational coping strategies was lacking or inadequate. This could reflect an under-researched area or hesitance by institutions to provide their staff with a coping environment or programmes. Institutions, where these nurses work, occupy an influential position in terms of helping nurses cope with the suffering and loss of patients and other emotional burdens that characterize the oncology unit. As the literature revealed, debriefing and educational programs could help nurses. Additionally, fostering collaboration and team work among nurses

as well as providing a work atmosphere that allows them to talk and bond would help. The organisation can also invest in therapies and interventions designed to treat or alleviate pain that an individual nurse would not. For example, guided imagery and music has been shown to treat chronic and work-related stress (Beck, et al., 2014). Therefore, the institution can invest in such therapy to be provided to its nursing staff regularly. The role of the organisation in alleviating stress, burnout and emotional burden among nurses is an area worth further investigation because as of this review, the evidence for the use of organisational coping strategies is not substantial. In summary, the four themes identified earlier, spirituality and religiosity, the creation of physical boundaries, personal rituals and socialising provide the most persuasive evidence for application in nursing practice.

## VI. Conclusion

Oncology care staff deal with numerous stressors at the workplace including emotional issues, workload, time pressures, human pain and multiple roles. This can impact their physical and mental health resulting in burnout and stress. Oncology nurses working in tertiary healthcare institutions encounter some of the most difficult phases of cancer sickness in individuals on a daily basis. The nurses have to deal with death, emotional pain, workload and comforting the patient's family every day. Over time, this may be tough for the nurses. Background literature shows that oncology nurses in various levels of care employ different strategies to cope with stress, emotional pain and burnout emanating from their work. The purpose of this systematic review was to investigate the coping mechanisms that oncology nurses working in tertiary healthcare use to deal with the pressures and emotional burden of their daily jobs. The design of the study was a qualitative systematic review. The researcher searched various databases for qualitative studies to review systematically. Following a thorough search process, the researcher identified and selected ten studies that were relevant to the topic. The studies were appraised, described and analysed thematically.

The data analysis revealed eight themes that were broadly classified into two, personal and organisational coping strategies.

### Implications for Practice

This review revealed the various coping mechanisms that oncology nurses use to deal with stress and burnout in the workplace. It is important to reinforce the need to use effective and functional coping strategies at work. This can be done through training programs to foster unity, collaboration, and understanding among the nurses. Additionally, the programs can teach the nurses how to seek support from their immediate families and friends, as they also play a role in their lives. There is a need for more supportive programs at work where nurses can seek help without fear of judgment in the case all other mechanisms do not work. Lastly, there is a need for clinical supervision to help in early identification and support of nurses at risk of work-related stress and burnout (Brunero & Stein-Parbury, 2008).

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